

General Dental Practice Inspection Report (Announced)

University Dental Hospital, Cardiff
and Vale University Health Board

Inspection date: 24 April 2023

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of University Dental Hospital, Cardiff and Vale University Health Board on 24 April 2023. We visited the third floor, which provides dental care for patients who are screened as suitable for treatment by undergraduate dental students under supervision from qualified staff.

Our team for the inspection comprised of two HIW Healthcare Inspectors and a Dental Peer Reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Before the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. A total of 20 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report. Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the health board was committed to providing a positive experience for their patients. Patients provided positive feedback about their experiences at the dental hospital. We observed staff treating patients with kindness and respect. Patients were provided with sufficient information and guidance regarding their treatment.

This is what we recommend the service can improve:

- Bilingual information should be more accessible to patients and the 'Active Offer' should be made in accordance with Welsh language standards
- Broken lifts at the dental hospital must be repaired.

This is what the service did well:

- Patients rated the service they had received as 'very good' or 'good'
- The dental hospital made efforts to provide patients with an appointment to be seen at a time suitable to them.

Delivery of Safe and Effective Care

Overall summary:

Appropriate measures were in place to provide patients with safe and effective care and ensure that risks to staff and patients were minimised. The treatment areas had the necessary equipment required to undertake the treatments and services offered by the dental hospital. We saw a suitable system was in place to help ensure patient records were safely managed and stored securely. We were informed that the building had experienced a number of leaks over time and we have requested an update from the health board on the progress of the estates work to replace the affected areas. Up-to-date written policies and procedures were in place in relation to infection prevention and control and decontamination. However, further actions need to be taken to improve the safe and suitable storage of clinical waste on the third floor of the dental hospital.

This is what we recommend the service can improve:

- Used dental instruments should be placed in a container before being taken to the dirty area
- The health board must ensure students are capturing contemporaneous and detailed records in relation to all aspects of X-rays undertaken on patients.

This is what the service did well:

- An effective process for the cleaning and decontamination of reusable dental instruments was described and demonstrated.

Quality of Management and Leadership

Overall summary:

We observed a staff group that worked well together and were committed to providing a high standard of care for their patients. We saw training was up-to-date and certificates were being kept to evidence this. There was evidence of good leadership and clear lines of accountability in place.

This is what the service did well:

- A range of policies were readily available to staff to support them in their work roles.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, patients who completed a HIW questionnaire provided positive feedback. All patients rated the service provided by the dental hospital as ‘very good’ or ‘good’. Some of the comments provided by patients on the questionnaires included:

“The environment is very friendly and professional. The students are very thorough and explain everything, which puts me at ease. Very professional all-round.”

“Students have all been fantastic, friendly and professional.”

“The student who did my treatment explained everything as he was going along and made me feel at ease.”

Person Centred

Health Promotion

A range of health promotion leaflets were available in the waiting room for patients to take away. This included information on maintaining a healthy weight, smoking cessation and good dental hygiene advice.

During the inspection we looked at a sample of two patient records. We saw that patients were given oral health information when required. All patients who completed a HIW questionnaire told us they had their oral care explained to them by staff in a way they could understand. They also told us staff had provided them with aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

During our inspection we observed students and qualified staff treating patients and their representatives appropriately and with kindness. All patients who completed a questionnaire felt that staff had treated them with dignity and respect.

Treatment was being provided to patients in large open plan rooms with dedicated areas set aside for each chair and associated dental equipment. This did not afford patients with the same degree of privacy as a dental surgery. However, it enabled qualified staff to maintain open communication with students at all times.

The reception desk was in the waiting area and we observed reception staff being mindful of the need to maintain patient confidentiality when speaking with patients.

We noted that the General Dental Council (GDC) core ethical principles of practice that registered dental professionals must keep to at all times were not on display at the dental hospital. While the students are not yet registered with the GDC, patients should be able to expect the same standard of care when receiving treatment. The health board should consider displaying the principles of practice in an area where they can be easily seen by patients in line with Standard 6.6.11 of the GDC 'Standards for the Dental Team' guidance.

Individualised care

All patients who completed a questionnaire told us they were given enough information to understand the treatment options available to them, together with the risks and benefits of treatment. Patients also told us that they had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

We observed minimal waiting for appointments for patients attending the dental hospital on the day of the inspection and we were advised that appointments usually ran to time. We were told that the receptionist would inform the patients about waiting times and any reasons for delays.

Patients liaise directly with the students to arrange a suitable time for their next appointment. The majority of patients who completed a questionnaire felt that it was 'easy' to get an appointment when they needed one.

A quarter of patients who completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. However, we noted that the contact telephone number for the emergency dental helpline was on display in the waiting area. Patients must also complete a form before commencing a course of treatment that informs patients that they are able to attend the emergency clinic at the dental hospital should an urgent dental problem arise at any time.

Equitable

Communication and Language

The language needs of patients are assessed on completion of a pre-screening questionnaire. We were told that due to the importance of clear communication between students and patients, patients that were identified as having language difficulties would be directed to receive treatment at the Primary Care Dental Unit at St David's Hospital.

Written information displayed in the waiting area was generally available in English only. There were some exceptions, such as bilingual Putting Things Right leaflets. A small number of patients who completed a questionnaire told us their first language was Welsh. All of these patients said that they were not offered the opportunity to speak Welsh throughout their patient journey.

The health board must ensure that bilingual information is more accessible to patients and implement the 'Active Offer' in accordance with Welsh language standards.

Rights and Equality

Staff that join the health board are reminded about their responsibility to treat all patients and members of the public with dignity and without discrimination or prejudice as part of the induction process. This also includes reading relevant policies such as Equality, Diversity and Human Rights and Dignity at Work. All patients who completed a questionnaire told us they had not faced discrimination when accessing treatment at the dental hospital.

We were told that wheelchairs were available to assist patients that had mobility difficulties. On the day of the inspection only one lift was working at the dental hospital.

The health board must ensure that all broken lifts at the dental hospital are repaired.

Delivery of Safe and Effective Care

Safe

Risk Management

We found appropriate measures in place to ensure that risks to the health and safety of staff and patients visiting the dental hospital were minimised. This is because:

- A range of up-to-date policies and procedures were in place relating to health and safety and the fitness of the environment to provide guidance for staff
- Health and safety risk assessments were being conducted regularly and actions had been taken to mitigate risks identified
- An approved health and safety law poster was clearly displayed for staff to see
- Appropriate arrangements were in place in relation to fire safety, including regular maintenance of fire equipment and fire exit signs were clearly displayed.

The treatment areas had the necessary equipment required to undertake the treatments and services offered by the dental hospital. In general, the premises appeared clean and tidy. However, we noticed that some ceiling tiles in the treatment areas had water damage. We were informed that the building had experienced a number of leaks over time, both from the fourth floor down to the third floor, and from the third floor down to the second floor. This meant that some dental stations were not able to be used. Staff told us that estates work to rectify these issues was due to be undertaken in June 2023.

The health board must provide HIW with an update on the progress of the estates work to replace the pipes and ceiling tiles on the affected floors of the dental hospital.

Infection, Prevention, Control (IPC) and Decontamination

Up-to-date written policies and procedures were in place in relation to infection prevention and control and decontamination. A designated infection control lead had been identified who had overall responsibility for IPC at the dental hospital.

We confirmed all clinical staff working on the third floor had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

Personal protective equipment (PPE) was readily available for staff to use. The hospital housekeeping team had responsibility for cleaning, and we saw cleaning schedules of the environment were being maintained. We saw the waiting room and the treatment areas were visibly clean and furnished to promote effective cleaning. The majority of patients who completed a questionnaire told us, in their opinion, the environment was 'very clean'. They also felt infection prevention and control measures were being followed by staff.

Suitable arrangements were described and demonstrated by staff for the effective cleaning and decontamination of reusable dental instruments. A central decontamination facility was located on the hospital site which cleaned instruments in line with the Welsh Health Technical Memorandum (WHTM) 01-01 guidance. Clean trays of dental instruments were delivered to the dental hospital from the central facility and stored in a designated 'clean' area for staff to take and use with patients. A 'dirty' area was also available for used instruments were stored before being sent back to the central facility for decontamination. We noted that used instruments were being placed back into their sterilising bags and then taken from the treatment area to the dirty area.

We recommend that used instruments are placed in a leakproof, puncture resistant container before being taken to the dirty area to limit potential exposure to sharps injury in the event of a fall.

We saw that clinical waste produced by the dental hospital on the third floor was being stored in a room adjacent to the waiting area. During the inspection it was concerning to see the storage bins were not locked and furthermore, were overflowing with a large quantity of clinical waste bags. We raised this immediately with senior staff who arranged for the clinical waste bags to be removed. We were informed that further discussions would be had to improve the process of storing clinical waste bags in future on the third floor.

The health board must provide HIW with an update on further actions taken to improve the safe and suitable storage of clinical waste on the third floor of the dental hospital.

Medicines Management

We were provided with an overview of the health board's medicines management policy and noted it was due for renewal in March 2018 and was therefore out of date.

The health board must provide assurance to HIW that an up-to-date medicines management policy is in place to provide guidance to staff.

We looked at the arrangements in place on the third floor for equipment and medicines to be used in the event of an emergency. We saw that emergency equipment was available and being regularly checked to ensure items remained in date and fit to use. However, we did identify the following concerns:

- Glucagon and Buccal Midazolam was only being kept on the ground floor and second floor of the dental hospital. This meant that staff working on the first floor and third floor would not have these drugs at hand immediately in an emergency
- We noted that the emergency equipment available did not contain any size 0 or size 1 face masks or oropharyngeal airways.

We discussed these issues with senior staff who informed us that these arrangements had been put in place by the health board but that further advice would be sought.

The health board must provide an update to HIW on any actions taken since the inspection in relation to whether emergency drugs are available on all floors and whether smaller size face masks and airways should be added to the emergency equipment.

During the inspection we went to the second floor to check that the Buccal Midazolam and Glucagon was available. We found both drugs were being stored as required, however we noted that no adult dose of Buccal Midazolam was available, only a child dose. We raised this with senior staff who immediately arranged for an adult dose to be ordered from the hospital pharmacy.

We confirmed all clinical staff working on the third floor had completed resuscitation training within the last year. We saw evidence of this within the sample of staff files we reviewed.

Safeguarding of Children and Adults

There were appropriate policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. A flowchart was also available that set out who staff should contact for safeguarding referrals and advice.

We saw evidence of up-to-date children and adult safeguarding training certificates for all clinical staff working on the third floor. We also confirmed that all clinical staff were registered with the General Dental Council and had a valid Disclosure and Barring Service check in place to help ensure staff were fit to work with patients.

Management of Medical Devices and Equipment

We saw the treatment areas had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition.

X-rays were performed at the dental hospital. We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment used. We also saw documentation showing the equipment had been subject to the required testing.

We saw that patients were being provided with sufficient information regarding the benefits and risks associated with the exposure to ionising radiation before undergoing an X-ray. We confirmed all clinical staff working on the third floor, who were involved in the use of X-rays, had completed relevant training on this subject.

Effective

Effective Care

We found clinical staff were clear regarding their work roles and responsibilities. We also found staff obtained relevant professional advice where required.

Arrangements were in place for the acceptance, assessment, diagnosis and treatment of patients. Patients are made aware before receiving treatment that the service is unable to provide complex treatment such as extensive crown and bridge work that would be beyond the experience and capability of trainee dental students.

Patient Records

We saw a suitable system was in place to help ensure patient records were safely managed and stored securely. All the records we reviewed had suitable patient identifiers, such as the patient's name and date of birth. In addition, the reason why the patients were attending and, where applicable, the symptoms described by the patients had been recorded.

We also saw evidence of full base charting, baseline BPE, soft tissue examination and extra and intra oral examination. Initial medical history was being obtained from the patient and the records showed that medical history was updated at each course of treatment. All respondents who completed a HIW patient questionnaire told us their medical history was checked before treatment.

However, we noted that not all students were evidencing the justifications for undertaking X-rays on patients. We also saw that not all X-ray images had been quality graded.

The health board must ensure students are capturing contemporaneous and detailed records in relation to all aspects of X-rays undertaken on patients.

Efficient

Efficient

We found the facilities at the premises were appropriate for the intended dental services to be provided and there were processes in place for the efficient operation of the third floor department.

Quality of Management and Leadership

Leadership

Governance and Leadership

Senior staff such as senior dental nurses and nurse managers had oversight of the day-to-day running of the service provided on the third floor.

Suitable arrangements were described for sharing relevant information with the clinical staff team. These included staff meetings and ad hoc communication with staff via email or face to face. Minutes of meetings were circulated to help ensure those staff who were not at the meeting are kept up to date with work related matters.

All staff were committed to providing a high standard of care for patients and this was supported by a range of policies and procedures. A risk register was in place that identified potential risks to the effective and safe operation of the dental hospital and set out the actions taken to mitigate these.

Workforce

Skilled and Enabled Workforce

We were told of the process used to recruit new staff and there were policies in place to support the employment and induction of staff.

Staff files were kept that contained evidence of their GDC registration, contract of employment, Hepatitis B immunity, DBS check and professional indemnity insurance.

We saw evidence that training certificates were being kept for each member of staff and that staff had attended training on a range of topics relevant to their roles to meet their CPD requirements. We saw that training compliance for all mandatory training was good and there was an effective system in place to monitor compliance with training.

Culture

People Engagement, Feedback and Learning

Arrangements were described for seeking feedback from patients about their experiences of using the dental hospital. Posters with QR codes were on display in the waiting area where patients could access and complete a questionnaire.

Patients are also asked to provide feedback to clinical staff about the performance of the students to help identify areas for improvement in their learning.

Putting things right posters were displayed in the waiting area which informed patients how to make a complaint should they wish to do so. The majority of patients who completed a questionnaire told us they had been given information on how the dental hospital would resolve any concerns / complaints post-treatment.

Information

Information Governance and Digital Technology

We saw suitable communication systems were in place to support the operation of the dental hospital.

Learning, Improvement and Research

Quality Improvement Activities

We were provided with examples of audits which were conducted as part of the health board's commitment to quality improvement activity. These included audits of hand hygiene, management of dental medical devices equipment and dental instruments, environmental design and cleaning and decontamination.

Whole Systems Approach

Partnership Working and Development

Patients can access the service either through self-referral or through a referral from primary care professionals. The hospital accepts referrals from General Dental Practitioners, the Community Dental Service, General Medical Practitioners and tertiary referrals from hospital specialists. Patients that self-refer are screened by an academic staff member to determine their suitability to be treated by undergraduate students.

However, patients indicated that they experienced long delays between being referred and receiving treatments. When asked whether they felt they could access the right healthcare at the right time, some patients commented:

"It took a while."

"It took ages to be accepted off the waiting list."

The health board should reflect on this feedback and identify whether the waiting times experienced by patients from referral to treatment could be improved.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A - Summary of concerns resolved during the inspection

The table below summarizes the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

Appendix B - Immediate improvement plan

Service: University Dental Hospital

Date of inspection: 24 April 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during this inspection				

Appendix C - Improvement plan

Service: University Dental Hospital

Date of inspection: 24 April 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
A small number of patients told us that they were not offered the opportunity to speak Welsh throughout their patient journey.	The health board must ensure that bilingual information is more accessible to patients and implement the 'Active Offer' in accordance with Welsh language standards.	The Directorate will set up a task and finish group to review of patient information to: <ul style="list-style-type: none"> • Ensure bilingual information is accessible for patients. • Raise awareness amongst staff of the Welsh Governments 'Active Offer' information pack and consider and agree practical things to make an 'Active Offer' E.g. ensure that Welsh 	Interim Directorate Manager/Governance & Quality Manager	September 2023

		<p>speaking staff have the Welsh Language emblems on their uniforms or Lanyards</p> <ul style="list-style-type: none"> • Display posters throughout the department highlight Welsh language emblems on the uniform of Welsh speaking staff. • Place greeting cards at reception and by each telephone to support/encourage staff to greet people phoning/attending the department in Welsh and English. 		
On the day of the inspection only one lift was working at the dental hospital.	The health board must ensure that all broken lifts at the dental hospital are repaired.	Maintenance requests had been entered on the Estates Helpdesk for the lift to be repaired.	Dental Technical Service Manager	Completed.

		<p>The delay in repair was due to parts being sourced from overseas.</p> <p>Lifts now fully functional.</p>		
<p>We were informed that the building had experienced a number of leaks which meant that some dental stations were not able to be used.</p>	<p>The health board must provide HIW with an update on the progress of the estates work to replace the pipes and ceiling tiles on the affected floors of the dental hospital.</p>	<p>A plan of works is due to start on 26th June 2023. This will address the number of leaks on Dental Education Clinic 1 and Staff Clinic.</p>	<p>Interim Directorate Manager</p>	<p>October 2023</p>
<p>Used dental instruments were being placed back into their sterilising bags and then taken from the treatment area to the dirty area which could potentially cause exposure to sharps injury in the event of a fall.</p>	<p>We recommend that used instruments are placed in a leakproof, puncture resistant container before being taken to the dirty area.</p>	<p>A Meeting took place with IP&C and H&S and dental Directorate on the 27th June 2023 to discuss the recommendation with the following plan made:</p> <ul style="list-style-type: none"> • Undertake a formal risk assessment • Review possible alternative instrument trays with secure lids • Explore alternative methods of transporting 	<p>Governance & Quality Manager</p>	<p>July 2023</p>

		<p>contaminated instruments to the dirty kit area to avoid potential falls. E.g. rigid trolleys</p> <ul style="list-style-type: none"> • Follow up meeting arranged for the 10th of July 2023. 		
<p>During the inspection clinical waste storage bins were not locked and furthermore, were overflowing with a large quantity of clinical waste bags.</p>	<p>The health board must provide HIW with an update on further actions taken to improve the safe and suitable storage of clinical waste on the third floor of the dental hospital.</p>	<p>The area has been fitted with a combination lock that is accessed by the housekeeping team.</p> <p>Waste collection takes place daily.</p>	<p>Interim Directorate Manager</p>	<p>Completed</p>
<p>We were provided with an overview of the health board's medicines management policy, but it appeared out of date as the next review date stated on the policy was March 2018.</p>	<p>The health board must provide assurance to HIW that an up-to-date medicines management policy is in place to provide guidance to staff.</p>	<p>The medicines management policy has been updated and is and is currently going through the Health Board ratification process and awaiting approval at Corporate Medicines Management Group on 6th July 2023 and QSE Committee.</p>	<p>Clinical Director, Pharmacy and Medicines Management/H&S lead/IP&C lead</p>	<p>July 2023</p>

<p>We had concerns about Glucagon and Buccal Midazolam not being available on all floors of the dental hospital and emergency equipment not containing smaller size face masks and airways.</p>	<p>The health board must provide an update to HIW on any actions taken since the inspection in relation to whether emergency drugs are available on all floors and whether smaller size face masks and airways should be added to the emergency equipment.</p>	<p>A review of Medical Emergency drugs has been carried out.</p> <ul style="list-style-type: none"> • Glucagon and Buccal Midazolam is now held on each crash trolley on every floor within the Dental Hospital. • The equipment on the Adult crash trolley is in line with the UK standardised resuscitation equipment list. 	<p>H&S Lead/Dental Nurse Manager</p> <p>Senior Nurse, C&V Resuscitation Service</p>	<p>Completed</p> <p>Completed</p>
<p>Not all students were evidencing the justifications for undertaking X-rays on patients or grading the quality of X-ray images.</p>	<p>The health board must ensure students are capturing contemporaneous and detailed records in relation to all aspects of X-rays undertaken on patients.</p>	<p>An Audit of the Salud electronic patient record system will take place to evaluate compliance.</p> <p>There is a daily record of x-rays undertaken in the department which has recently been updated, staff will be reminded to ensure</p>	<p>Consultant Radiographer</p>	<p>June 2023</p>

		<p>that they are aware of this requirement.</p> <p>A reminder email will be circulated to staff and shared at the dental Q&S on 28th June where there will be a wider discussion around considering ways of improving the sharing of safety information e.g. safety briefings etc</p>	Governance & Quality Manager	June 2023
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Rowena Griffiths
Job role: Governance and Quality Manager
Date: 20 June 2023